

FORM 1172 (10/21)

NYS DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION
SPECIAL OPERATIONS

CENTRAL MONITORING CASE DESIGNATION

FACILITY:

DATE:

NAME:

DIN #:

NYSID:

INFORMATION:

You have been designated a Central Monitoring Case pursuant to Departmental Directive #4922, "Central Monitoring Cases".

REASON:

You require close supervision because

CRITERION III:

Contact your assigned Offender Rehabilitation Coordinator if you require assistance in filing an appeal of this decision. You may begin the appeal process by writing the Office of Special Investigations with the reasons you believe that you have been improperly designated CMC. Refer to Directive #4922 for complete information about the CMC appeal process.

I DO/DO NOT wish to appeal my designation as a Central Monitoring Case. I have been advised of the appeal process this date. (See above information about submitting an appeal of your CMC designation.)

DISTRIBUTION:

Special Operations

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Incarcerated Individual

DSS

Central Files

Guidance

Name-Print

Sign

DATE

Incarcerated Individual

Offender Rehabilitation
Coordinator/Analyst

DATE

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